

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8	1					
9		1				
10						
11		1				
12	1					
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TOTAL IND.	6					
TOTAL DEP.	21	→	→	→		
TOTAL CLAIMS	28					

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TOTAL IND.		→	→	→	
TOTAL DEP.		→	→	→	
TOTAL CLAIMS					